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DATE: April 7, 2005**PTO IDENTIFIER:** Application Number 10/662,191-Conf. #9371
Patent Number**Inventor:** Gordon et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** EDWARDS & ANGELL, LLP

Robert J. Tosti

PHONE: (617) 517-5584**Attorney Dkt. #:** 62868CON(71589)**PAGES (Including Cover Sheet):** 4**CONTENTS:** Revocation of Power of Attorney and Change of Correspondence Address (1 page)
Statement Under 37 CFR 3.73(b) (1 page)
Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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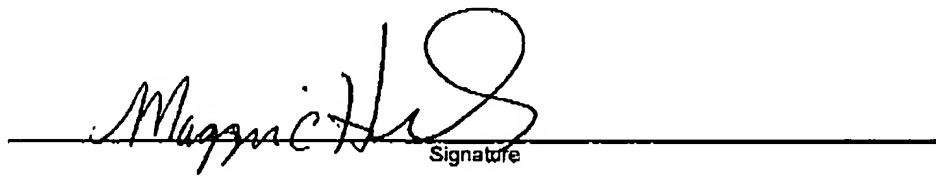
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Application No. (if known): 10/662,191

Attorney Docket No.: 62868CON(71589)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/662,191-Conf. #9371
	Filing Date	September 12, 2003
	First Named Inventor	Norman S. Gordon
	Art Unit	3731
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	62868CON8(71589)

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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		Robert J. Tosti

Address	P.O. Box 55874
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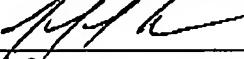
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Jeff Z. Mann		
Date	4/4/05	Telephone	508/652-5955

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Norman S. Gordon et al.Application No./Patent No.: 10/662,191 Filed/Issue Date: September 12, 2003Entitled: SUTURING INSTRUMENTS AND METHODS OF USEBoston Scientific Scimed, Inc.
(fka Scimed Life Systems, Inc.)^a Corporation
(Name of Assignee) (type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Jeff Z. Mann
Signature4/4/05
DatePrinted or Typed Name508/652-5955
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Title